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the 8 calention of information unless & displays 8 yield OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD 10/625,328 Substitute for Form PTO-875; OTHER THAN . CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) · RATE MANAGER FILED MANBER EXTRA RATE FEE OR 07 CFR 1.16(a)) (37 CFR 1.16(d) .. minus 20 « BIDEPENDENT CLAIMS (37 CFR 1.16(9)) OR OR MULTIPLE DEPENDENT CLAIM PRESENT Q7 CFR 1.10(4) TOTAL OR TOTAL " If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR. (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST CLAMS PRESENT ADDI-TIONAL RATE ADDI REMAINING FEE FXTRA PREVIOUSLY PAD FOR AFTER FEE Total OR U2 C/R 1.34(t) (37 CFR LISSO OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (\$) CFR 1.18(41) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Catuma 2) (Column 3) NUMBER PRESENT EXTRA RATE HONAL. RATE ADDS REMANNIC TIONAL PREVIOUSLY PAID FOR FEE AMENDMENT Total AMENDA (a) of it suited OR Forst Presentation: of wolliple dependent class 197 CFR (1940) 33 TOTAL ADD' FEE ADDL FEE OR. 0 9 (Column 1) (Caluma 2) (Column 3) HCPEST MUMBER PREVIOUSLY CLARKS PRESENT RATE ADDS: REMAINING RATE EXTRA I FEE TIONAL AFTER ENT FEE PAID FOR OR 2 OR FIRST PRESENTATION OF MILITIPLE DEPENDENT CLASS - QUICFR 1 1602 QR TOTAL TOTAL ADD'L FEE ADO'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the Ingriest number found in the appropriate box on column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or extent a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is growned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gaintening, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for requiring this burden, should be sent to the Chief Information Officer, U.S. Patons and Tradelman Officer, U.S. Department of Commerciae, P.O. Bost 1450, Alexandria, VA 2213-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioners for Patients, P.O. Bost 1450, Alexandria, VA 2213-1450.

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